NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC **E**P.O. Box 19928

OAlexandria, Virginia 22320

Telephone: (703) 836-6400 Facsimile: (703) 836-2787

Attorney Docket No.: 116402

Date: July 23, 2003

MAIL STOP PATENT APPLICATION

Customer Number: 25944

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)**

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):
(/

Sir:

VISUAL RESTORATION AIDING DEVICE

By (Inventors):

Takashi FUJIKADO, Yasuo TANO, Yutaka FUKUDA

\boxtimes	Formal drawings (Figs. 1-7B; 7 sheets) are attached.
	Use Figure for front page of Publication.
\boxtimes	A Declaration and Power of Attorney is filed herewith.
	This application claims benefit of Provisional Application No filed
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
\boxtimes	This patent application is assigned to NIDEK CO., LTD
	The executed Assignment is filed herewith.
	An Information Disclosure Statement is filed herewith.
	Entitlement to small entity status is hereby asserted.
	A Preliminary Amendment is filed herewith.
\boxtimes	Priority of foreign application No. 2002-222360 filed July 31, 2002 in Japan is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application(s) is filed herewith.
	This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that
	the invention disclosed in this application has not been and will not be the subject of an application filed in another
•	country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
\boxtimes	The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	
BASIC FEE			
TOTAL CLAIMS	8 - 20	= *0	
INDEP CLAIMS	1 - 3	= *0	

MULTIPLE DEPENDENT CLAIMS PRESENTED

* If the difference is less than zero, enter "0".

SM	ALL	ENT	YTI
COLVER.			

RATE	FEE	<u>OR</u>		
	\$ 375	<u>OR</u>		
x 9=	\$	<u>OR</u>		
x 42 =	\$	<u>OR</u>		
+ 140 =	\$	<u>OR</u>		
TOTAL	\$	<u>OR</u>		
or foo in attack	and Event	oc oth		

OTHER THAN A

RATE	FEE
20 (2007) 2007)	\$ 750
x 18	\$
x 84	\$
+ 280	\$
TOTAL	\$ 750

 \boxtimes Check No. 144496 in the amount of \$750 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

Registration No. 27,075

Thomas J. Pardini Registration No. 30,411